

Providers/applicants submitting applications for Community Service Agency ~~Title XIX Certification Approval~~ will submit applications through one T/RBHA, but may contract with multiple T/RBHAs to provide CSA services. As such, the following serves as verification that the provider/applicant either contracts with, or intends to contract with, other T/RBHAs.

OR

Initial Effective Date: 7/01/2016

It is the intent of _____ to enter into a contract with _____
| *T/RBHA Name Here* *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

Signature of T/RBHA Representative

Printed Name of T/RBHA Representative

Telephone Number

Date